USEPA 290 BROADWAY

$$\rm NY,\,NY$$ NOTIFICATION OF DEMOLITION AND RENOVATION PAL JOB # 16-1210

Operator Project #	Postmark	Date Rec	eceived		Notification #				
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): R – New Start Date									
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):									
OWNER NAME: Summit Glory LLC									
Address: 28 Liberty Street									
City: New York			State: NY Zip: 10005			10005			
Contact Name: Jason Berkeley		Telephone: 646-650-5099							
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services									
Address: 11-02 Queens Plaza South									
City: Long Island City		State: NY Zip: 11101							
Contact Name: Aric Domozick Telephone: 718-349-0900							00		
OTHER CONTRACTOR:									
Address:							I _ .		
	City:				State: Zip:				
Contact Name: Telephone:									
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation: R									
IS ASBESTOS PRESENT? (YES NO) YES									
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)									
Building Name:									
Address: 28 Liberty Street									
City: New York		State: NY	Zip: 10005						
Site Location: B-3 MER East Side, Middle Fan Room & Pump Room Area									
Building Size: 2,224,000 Square Feet			# of Floors: 57			Age in Years: 53			
Present Use: Commercial		Prior Use: Commercial							
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM - Polarized Light Microscopy									
Approximate amount of asbes	tos, R.	ACM	Non-Friable		Indicate Unit of Measurement				
Including	to	be	Asbestos Material		Below				
 Regulated ACM to be rem 		oved	not to be removed						
2. Category I ACM not remo									
3. Category II ACM not remo	oved		CAT I	CAT II		1	JNIT		
			CALL	CATI			SIVI I		
C C A - D'									
Surface Area: Pipe Elbows, Elb Insulation & Pipe Insulation		600			Linear Fee	et: X	Ln M:		
Surface Area: Tank Insulation, Insulation & Duct Expansion J		800			Square Fe	et: X	Square Meter:		
Volume RACM off Facility Com					CuFt:		Cu M:		
Scheduled Dates Asbestos Removal (mm/dd./yy)			Start: 05/09/2016		Complete: 03/01/2017				
Scheduled Dates Demo/Renovation (mm/dd./yy)			Start:		Complete:				

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DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION								
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT								
THE DEMOLITION AND RENOVATION SITE:								
HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.								
WASTE TRANSPORTER #1								
Name: Tri State Transfer Associates								
Address: 1199 Randall Avenue								
City: Long Island City	State: NY	Zip: 10474						
Contact Name: Jimmy Byrne Telephone: 718-617-0771								
WASTE TRANSPORTER #2								
Name: ATC								
Address: 2 Moriches Middle Island Road								
City: Shirley								
Contact Name: Kenny Smith	Telephone: 631-924-5050							
WASTE TRANSPORTER #3								
Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services								
Location: 11-02 Queens Plaza South								
City: Long Island City	City: Long Island City	City: Long Island City						
Telephone: 718-349-0900								
Disposal Facility								
Name: Minerva Enterprises								
Location: 9000 Minerva Road, SE								
	State: OH Zip: 44688							
FOR EMERGENCY RENOVATIONS								
Date and Hour of Emergency (mm/dd./yy)								
Description of the Sudden, Unexpected Event:								
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:								
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY								
NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered								
unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA								
Vacs, to be put in 6 mil poly bags for proper disposal.								
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGUALTION (40 CFT PART 61, SUBPART M), WILL BE ON-								
SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY								
THIS PERS WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)								
04/22/2016								
Signature of Owner/Operator Date								
I certify that the above information is correct								
04/22/2016								
Signature of Owner/Operator Date								
Signature of Operator Date								

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